

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed  <div style="text-align: center; font-size: 2em;">7</div>									
3 COMMITTEE NAME  <div style="font-size: 1.5em; text-align: center;">Keep Amarillo United</div>			<p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> Date Received <div style="font-size: 1.5em; text-align: center;">10/28/2024 @ 8:00am</div> <div style="text-align: center; font-size: 1.5em;">GC</div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged									
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX    APT / SUITE #    CITY    STATE    ZIP CODE  <div style="font-size: 1.2em;">7413 Park Ridge Dr. Amarillo, TX 79119</div>											
5 CAMPAIGN TREASURER NAME  ) )	MS MRS <input checked="" type="radio"/> MR    FIRST    MI <div style="font-size: 1.2em; text-align: center;">David    T.</div> <hr/> NICKNAME    LAST    SUFFIX <div style="font-size: 1.2em; text-align: center;">Hudson</div>		Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged									
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)    APT / SUITE #    CITY    STATE    ZIP CODE  <div style="font-size: 1.2em; text-align: center;">Same</div>											
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX    APT / SUITE #    CITY    STATE    ZIP CODE  <div style="font-size: 1.2em; text-align: center;">Same</div>											
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION  <div style="font-size: 1.2em;">(806) 679-2582</div>											
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution Report (Attached PAC-FR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">9 / 27 / 2024</td> <td></td> <td style="text-align: center; font-size: 1.2em;">10 / 26 / 2024</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	9 / 27 / 2024		10 / 26 / 2024			
Month    Day    Year	THROUGH	Month    Day    Year										
9 / 27 / 2024		10 / 26 / 2024										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE Month    Day    Year</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">11 / 5 / 2024</td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other                 </td> <td> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special    Description: _____                 </td> </tr> </table>			ELECTION DATE Month    Day    Year	ELECTION TYPE		11 / 5 / 2024	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special    Description: _____			
ELECTION DATE Month    Day    Year	ELECTION TYPE											
11 / 5 / 2024	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special    Description: _____										

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Keep Amarillo United 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE  
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # City of Amarillo Prop B ELECTION DATE 11/5/2024  
Month Day Year

DESCRIPTION Expand city council to 7 members

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 102,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 100,958.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,697.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David T. Hudson  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_  
OR

(2) Unsworn Declaration

My name is David T. Hudson and my date of birth is 11/29/1960  
My address is 7413 Park Ridge Dr. Amarillo TX 79119  
(street) (city) (state) (zip code/country)  
Executed in Randall County, State of TX, on the 27<sup>th</sup> day of October, 2024  
(month) (year)  
David T. Hudson  
Signature of Campaign Treasurer (Declarant)

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# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>Keep Amarillo United</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 102,500. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	<input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE C1 MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ -
5.	<input type="checkbox"/> SCHEDULE C2 NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ -
6.	<input type="checkbox"/> SCHEDULE D PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ -
7.	<input type="checkbox"/> SCHEDULE E LOANS	\$ -
8.	<input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 100,958. <sup>30</sup>
9.	<input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ -
10.	<input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
11.	<input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ -
12.	<input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
13.	<input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
14.	<input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>Keep Amarillo United</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/30/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eddie Bradley</b>	7 Amount of contribution (\$) <b>\$10,000.00</b>
	6 Contributor address, City, State, Zip Code <b>901 S. Fillmore Amarillo, TX 79101</b>	
8 Principal occupation / Job title (See Instructions) <b>business owner</b>		9 Employer (See Instructions) <b>Auto Inc.</b>
Date <b>9/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Blaine Roberts</b>	Amount of contribution (\$) <b>\$5,000.00</b>
	Contributor address, City, State, Zip Code <b>2818 S. Lipscomb St., Amarillo, TX 79109</b>	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>Roberts Truck Sales</b>
Date <b>9/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mike Hughes</b>	Amount of contribution (\$) <b>\$10,000.00</b>
	Contributor address, City, State, Zip Code <b>P.O. Box 51149, Amarillo, TX 79159</b>	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions)
Date <b>9/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Street</b>	Amount of contribution (\$) <b>\$10,000.00</b>
	Contributor address, City, State, Zip Code <b>4500 S. Sonoy, Amarillo, TX 79119</b>	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>Street Toyota</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Keep Amarillo United</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Richard Ware II</i>	7 Amount of contribution (\$) <i>\$50,000.00</i>
6 Contributor address, City, State, Zip Code <i>Box 1, Amarillo, TX 79105</i>		
8 Principal occupation / Job title (See Instructions) <i>business owner</i>		9 Employer (See Instructions) <i>ANB</i>
Date <i>10/3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CLB Services LLC - Loyd Brown</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor address, City, State, Zip Code <i>3203 Bowie St., Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions) <i>CLB Services</i>
Date <i>10/3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ralph Harold Ellis</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address, City, State, Zip Code <i>113 SW 8th, Amarillo, TX 79101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greg Mitchell</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor address, City, State, Zip Code <i>3005 S. Ong St., Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions) <i>Toot'n Totem</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>3</b>
2 FILER NAME <b>Keep Amosillo United</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/16/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alex Fairly</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>
6 Contributor address, City, State, Zip Code <b>1800 S. Washington St., Amosillo, TX 79102</b>		
8 Principal occupation / Job title (See Instructions) <b>business owner</b>		9 Employer (See Instructions) <b>Fairly Group</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, City, State, Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitatory/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidates/Officeholders/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payees			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1	2 FILER NAME Keep Amarillo United	3 Filer ID (Ethics Commission Filers)
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4 Date 10/8/2024	5 Payee name No Box Creative LLC
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6 Amount (\$) \$82,008.12	7 Payee address 4211- I-40 West Suite 201	City Amarillo,	State TX	Zip Code 79106
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Billboards Mailers Radio, signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name No Box Creative, LLC
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Amount (\$) 3,833.50	Payee address Same	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting yard signs - advertising	Description Social media, yard signs, radio
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name No Box Creative, LLC
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Amount (\$) \$15,116.64	Payee address Same	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting, advertising	Description Canvassing text messaging
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## Coggins, Stephanie

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**From:** David Hudson <david.hudson.ama@gmail.com>  
**Sent:** Sunday, October 27, 2024 12:01 PM  
**To:** Coggins, Stephanie  
**Subject:** KAU 8-day SPAC report - Oct 27 2024  
**Attachments:** KAU SPAC 8-day report - Oct 27 2024.pdf

**Attention:** This email was sent from someone outside of City of Amarillo. Always use caution when opening attachments or clicking links from unknown senders or when receiving unexpected emails. Stephanie, please reply acknowledging receipt and thank you very much.

David Hudson, Treasurer  
Keep Amarillo United (KAU)